

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 03-005	2. STATE Arizona
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE April 1, 2003	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1924 of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 2003 \$ 0.00 b. FFY 2004 \$ 0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 13 to Attachment 2.6-A, Page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Supplement 13 to Attachment 2.6-A, Page 1	
10. SUBJECT OF AMENDMENT: Undue Hardship for an Institutionalized Spouse			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO: Lynn Dunton Assistant Director/OPAC Mail Drop 4200 801 East Jefferson Phoenix, Arizona 85034	
13. TYPED NAME: Lynn Dunton			
14. TITLE: Assistant Director			
15. DATE SUBMITTED:			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: April 25, 2003		18. DATE APPROVED: July 15, 2003	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2003		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Linda Minamoto		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARIZONA

SECTION 1924 PROVISIONS

- A. Income and resource eligibility policies used to determine eligibility for institutionalized individuals who have spouses living in the community are consistent with Section 1924, except for those provisions set forth in Supplement 14 to Attachment 2.6-A.
- B. In the determination of resource eligibility the State minimum resource deduction is \$18,132, subject to change in accordance with federal law.
- C. An institutionalized spouse who (or whose community spouse) has excess resources shall not be found ineligible under Title XIX of the Social Security Act, per Section 1924(c)(3)(C), where the State determines that denial of eligibility on the basis of having excess resources would create an undue hardship. An undue hardship exists when all of the following exist:
 - 1. The individual is otherwise eligible for ALTCS;
 - 2. The individual is unable to obtain medical care without ALTCS;
 - 3. The property is legally unavailable without the signature of the community spouse, and the community spouse has refused to make the property available to the institutionalized spouse;
 - 4. There has been a break in marital ties. A break in marital ties does not include the temporary absence of one spouse due, for example, to hospitalization, institutionalization, vacations, visits, trips in connection with employment or for the purpose of seeking employment, and education-related absences. A break in marital ties does include situations where the individual and community spouse are physically separated and one of the following two criteria is met:
 - a. A dissolution or annulment petition has been filed with the court, although a final decree has not yet been entered;
 - b. The applicant and community spouse have entered into a court-ordered Legal Separation Agreement, pursuant to applicable state law.